

**COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT  
APPLICATION FOR DISSOLUTION OF MARRIAGE**

File No: \_\_\_\_\_ 1<sup>st</sup> Interview: \_\_\_\_\_ @ \_\_\_\_\_

Conflict: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Are you employed? ☐ Yes ☐ No What is your monthly income? \_\_\_\_\_

How long were you in a relationship with the mother/father? \_\_\_\_\_ When did the relationship end? \_\_\_\_\_

What is the date the marriage took place? \_\_\_\_\_ Where did the marriage take place? \_\_\_\_\_

Are you requesting restoration of your maiden name? ☐ Yes ☐ No If "Yes" please state maiden name: \_\_\_\_\_

How long have you been separated from your spouse? \_\_\_\_\_

Is your marriage Irretrievably broken? ☐ Yes ☐ No

Has there been violence in your marriage? ☐ Yes ☐ No

**PLEASE FILL OUT THE INFORMATION ABOUT YOUR SPOUSE BELOW**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Is your spouse a Tribal Member of C.R.I.T.? ☐ Yes ☐ No

If "No", Please list Tribe: \_\_\_\_\_ Census #: \_\_\_\_\_

**CHILDREN**

**If you need more space, please use back of application.**

**Name**

**Birth Date**

**City/County/State**

**Sex**

Is this child enrolled With C.R.I.T.? ☐ Yes ☐ No If "No" list Tribe and Census number: \_\_\_\_\_

\_\_\_\_\_

Is this child enrolled With C.R.I.T.? ☐ Yes ☐ No If "No" list Tribe and Census number:

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Is this child enrolled With C.R.I.T.? ☐ Yes ☐ No If "No" list Tribe and Census number:

Were the above mentioned child(ren) born before you were married? ☐ Yes ☐ No

If "Yes", are they common to the both of you? ☐ Yes ☐ No

If they are not common to you and your spouse please list the mother/father of the child(ren) and the child(ren)'s name:

\_\_\_\_\_ Is child support currently being paid for any of the above mentioned children? ☐ Yes ☐ No

\_\_\_\_\_ If "Yes", what is the amount? \_\_\_\_\_/month Which child(ren)?

Is the above mentioned child(ren) ward(s) of the Court? ☐ Yes ☐ No

If "Yes" please list their case number(s):

Who are the Maternal Grandparents?

Who are the Paternal Grandparents?

### **CUSTODY INFORMATION**

Is the child(ren) in your custody now? ☐ Yes ☐ No If "Yes", how long have they been in your custody?

If "No" please explain.

Would you like joint custody? ☐ Yes ☐ No

(Joint Custody is when both parents are involved in all decisions concerning the child(ren) at issue.)

Would you like sole custody? ☐ Yes ☐ No

(Sole Custody is when one parent makes all decisions concerning the child(ren) at issue.)

Should there be any special requirements for child visitation? ☐ Yes ☐ No Supervised Visitation? ☐ Yes ☐ No

If you have chosen "Yes" on special requirements or supervised visitation please explain.

Do you have a court order granting custody or an affidavit for the child(ren) you would like custody of?

☐ Yes ☐ No

### **IF YOU ARE REQUESTING CHILD SUPPORT PLEASE FILL IN THE NEXT SECTION**

Whom are you employed with? \_\_\_\_\_ How long: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Is your employment ☐ temporary or ☐ permanent?

Who is your spouse employed with? \_\_\_\_\_ How long: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Is their employment ☐ temporary or ☐ permanent?

Do you receive any Government benefits like AFDC, G.A., or Food Stamps? ☐ Yes ☐ No

If "Yes" what kind of benefits do you receive? \_\_\_\_\_

Amount:

Has the Department of Economic Security (DES) been involved in assisting with collecting child support?

☐ Yes ☐ No

If "Yes" please list the dates and the DES office you went through:

Does the child(ren) listed above have any special needs or care? ☐ Yes ☐ No

If "Yes" please explain:

Is there another child(ren) that you or the other parent are currently paying child support for? ☐ Yes

☐ No

If "Yes" please list the name of the child(ren), the person you or they are paying child support to, and the amount.

**IF YOU OR YOUR SPOUSE OWN ANY PROPERTY, PLEASE FILL OUT THE SECTION BELOW.**

**PLEASE LIST ANY REAL ESTATE THAT YOU OR YOUR SPOUSE OWN. IF YOU OWN THE PROPERTY WITH SOMEONE ELSE, PLEASE WRITE THAT PERSON'S NAME. IF YOU HAVE MORE PROPERTY, PLEASE USE BACK OF APPLICATION.**

Address/Legal Description:

Date Acquired: \_\_\_\_\_ Title: ☐ Joint tenancy with ROS Worth: \_\_\_\_\_

Equity: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ Others: \_\_\_\_\_

To: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Who should get the interest on the property? ☐ You ☐ Your Spouse ☐ Both

**PLEASE LIST ALL THE VEHICLES YOU OR YOUR SPOUSE OWN, INCLUDING RECREATION VEHICLES.**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ When Acquired: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Who should get this? ☐ You ☐ Spouse Do you have the Title? ☐ Yes ☐ No

Year: \_\_\_\_\_ Make: \_\_\_\_\_ When Acquired: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Who should get this? ☐ You ☐ Spouse Do you have the Title? ☐ Yes ☐ No

Year: \_\_\_\_\_ Make: \_\_\_\_\_ When Acquired: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Who should get this? ☐ You ☐ Spouse Do you have the Title? ☐ Yes ☐ No

**IF YOU WOULD LIKE TO LIST ANY ADDITIONAL PROPERTY, PLEASE USE THE SPACE BELOW.**

What I possess is mine. What my spouse possess belongs to my spouse: ☐ Yes ☐ No

**FINANCIAL INFORMATION**

**SAVINGS AND CHECKING ACCOUNTS**

Bank or Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking ☐ Savings

Name on Account: \_\_\_\_\_ Who should keep this account? ☐ You  
☐ Spouse

Bank or Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking ☐ Savings

Name on Account: \_\_\_\_\_ Who should keep this account? ☐ You  
☐ Spouse

Bank or Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking ☐ Savings

Name on Account: \_\_\_\_\_ Who should keep this account? ☐  
You ☐ Spouse

### **CREDIT CARDS**

Type of Card	Name on Account	Monthly Balance should pay?	Monthly Payment	Who
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\_\_\_\_\_  
You ☐

Spouse

\_\_\_\_\_  
You ☐

Spouse

\_\_\_\_\_  
You ☐

Spouse

### **LOANS**

Name on Account and Name of Bank or Institution	Monthly Borrowed	Amount Payment	Balance
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Who should pay?

\_\_\_\_\_  
☐ You ☐ Spouse

\_\_\_\_\_  
☐ You ☐ Spouse

\_\_\_\_\_  
☐ You ☐ Spouse

What debts will your spouse be responsible for paying?

### **ALL OR SOME OF THESE MAY APPLY TO YOU.**

PLEASE BRING WITH YOU A COPY(S) OF THE FOLLOWING:

☐ BIRTH CERTIFICATE(S) AND SOCIAL SECURITY CARD(S) FOR THE CHILD(REN)

☐ TITLE(S)

☐ ALL DEPARTMENT OF ECONOMIC SECURITY (DES) DOCUMENTS REGARDING  
PATERNITY OR CHILD SUPPORT

☐ ALL DOCUMENTS RELATING TO CHILD-IN-NEED-OF-CARE (CNC) CASES

- PATERNITY ORDER
- CHILD SUPPORT ORDER
- MARRIAGE CERTIFICATE

- THREE LAST CHECK STUBS

**THERE IS A \$115.00 FILING FEE FOR DISSOLUTION OF MARRIAGE WHICH WILL NEED TO BE PAID BEFORE THE PETITION CAN BE FILED WITH THE COURT. YOU MAY PAY THIS WITH A MONEY ORDER OR CASHIER'S CHECK (PAYABLE TO THE CRIT TRIBAL COURT). IF YOU ARE UNABLE TO PAY THE \$115.00 FILING FEE, PLEASE LET US KNOW AND YOU CAN FILL OUT A FEE WAIVER TO POSSIBLY WAIVE THE \$115.00 FILING FEE.**

All of the information I have provided on this application and the interview is true to the best of my knowledge and belief. I will immediately inform the Colorado River Indian Tribes Legal Aid Department of any changes with this information.

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Applicant's Signature

Date

**OFFICE USE ONLY**

Intake Notes: